

UNITED STATES DISTRICT COURT

District of

FILED
IN CLERK'S OFFICEDebra M. Higgins
Plaintiff
V.APPLICATION TO PROCEED 10 A 11: 23
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT U.S. DISTRICT COURT
DISTRICT OF MASS.
3

CASE NUMBER:

Jane Harris et al
DefendantI, Debra M. Higgins declare that I am the (check appropriate box)
☒ petitioner/plaintiff/movant ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☐ Yes ☒ No (If "No," go to Part 2)If "Yes," state the place of your incarceration N/AAre you employed at the institution? N/A Do you receive any payment from the institution? N/A

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☐ Yes ☒ Noa. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. N/Ab. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. Self - 1988 \$48,000 per year

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|---|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

\$593 per month Social Security Disability

AO 240 Reverse (Rev. 10/03)

4. Do you have any cash or checking or savings accounts? ☒ Yes ☐ No

If "Yes," state the total amount. \$2.11 savings & checking

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☐ No

If "Yes," describe the property and state its value.

~~_____~~

The matter filed is in court litigation of disputed property & relief of damages which the applicant has no access to at this time filing address \$120,000 relief

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

son & personal medical care assist

I declare under penalty of perjury that the above information is true and correct.

Dec 10 2004
Date

Signature of Applicant

NOTICE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

United States Court of Appeals

Deborah Phillips : Springfield-Court

v. |

June Harris : No

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U.S. DISTRICT COURT
DISTRICT OF MASS.

Plaintiff's Notice of Filing-Request Waiver of Filing Costs of Cause in Forma Paupers

The Plaintiff Deborah Phillips moves the court for Waiver of Filing Costs in above cause pursuant to
Forma

Paupers upon errors of law pursuant in whole or part to Accommodations under/and the American
with

Disabilities Act.

1. The parties have been ordered into arbitration by another court in a separate cause

[a.] surrounding this matter in part, [b.] a filing attorney for plaintiff withdrew from,

[c.] the plaintiff is denied rules of practice by the above defendant/counsel Metropolitan

Property and Casualty[Ford]/June Harris, including the hearing board for accommodations under the
Americans Disabilities Act.

2. The cost of filing additional fee's for bad faith treble damages, on going medical lost wages for all
parties-injuries, new third parties issues, would create a hardship to the disabled plaintiff Deborah
Phillips.

For the aforesaid reasons the plaintiff moves the Superior Court to order a waiver of fee's in above
matter as

submitted by


Deborah Phillips R

Wherefore the court having heard the motion hereby

SO ORDERS:
